

WEST VIRGINIA BOARD OF OPTOMETRY

179 Summers Street, Suite 231

Charleston, WV 25304

Phone: 304-558-5901

Fax: 304-558-5908

E-mail: wvbdopt@frontier.com

**No Controlled Substance Prescribing and
Drug Diversion Continuing Education Waiver
7/1/14 – 6/30/16**

If you have not prescribed controlled substances this waiver may be completed for the CE period from 7/1/14 – 6/30/16. You may submit this waiver by postal mail, fax or by scanning it and e-mailing it to the Board using the information listed above. This signed waiver will satisfy the drug diversion requirement only. The signed waiver will add no hours to your total CE hours that are required. If you have prescribed controlled substances during the continuing education (CE) period from 7/1/14 – 6/30/16, you must submit certification of 3 hours of continuing education in drug diversion and best practices prescribing prior to your license renewal using the delivery methods listed above. All licensees must complete 43 hours of CE per two year period.

Last Name	First Name	Middle Initial
------------------	-------------------	-----------------------

Office Street Address

City	State	Zip Code
-------------	--------------	-----------------

Office Phone Number	Office Fax Number	Office E-mail Address
----------------------------	--------------------------	------------------------------

No Prescription, Administration or Dispensing of Controlled Substances Attestation

I, _____, attest that I have **not** prescribed, administered, or dispensed a controlled substance during the even-numbered two-year continuing education cycle (7/1/14 – 6/30/16), and I will not be prescribing any controlled substances during the remainder of this period. If I prescribe any controlled substance during the remainder of the 7/1/14 – 6/30/16 two-year continuing education cycle, I understand that I must complete three hours of drug diversion and best practices prescribing continuing education. I agree that any falsification, omission or withholding of information regarding my prescription of controlled substances or this waiver shall be sufficient grounds for disciplinary action which may include suspension or revocation of my license.

Signature	Name Printed	Date
------------------	---------------------	-------------

Witness Signature	Witness Name Printed	Date
--------------------------	-----------------------------	-------------